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For information

Country note**

Armenia

Summary

The Executive Director presents the country note for Armenia for a programme of cooperation for the period 2000 to 2004.

The situation of children and women

1. During 1994-1998, with an annual growth of gross domestic product of 3-6 per cent, modest overall stabilization was achieved in Armenia. However, serious social and economic problems of a transitional nature persist. National reforms that focus on improving the quality of social services and establishing cost-effective health and education systems have produced limited results. In 1996, according to a World Bank assessment, the proportion of the population living in poverty was 55 per cent. Families with children comprise 82 per cent of the poor. The situation is further exacerbated by the dispute with Azerbaijan over Nagorno-Karabakh.

2. In spite of the transitional impediments, several of the major health indicators have improved. Since 1990, the infant mortality rate (IMR) has declined from 18 to 15 per 1,000 live births and the under-five mortality rate (U5MR) from 24 to 20 per 1,000 live births. These can be attributed to high immunization coverage, improved case management of acute respiratory infections and diarrhoea, and significant increases in breastfeeding rates. In the 1990s, perinatal conditions have emerged as the major cause of infant mortality.

3. The maternal mortality rate (MMR) remains constant at 32 per 100,000 live births. The factors contributing to maternal mortality include the lack of quality prenatal care, late diagnosis of high-risk cases and poor emergency obstetrical services. Due to economic reasons, the poor quality of care and hygiene conditions in maternity wards, the number of home births has increased significantly.

* E/ICEF/1999/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 1999.

4. Although acute malnutrition is negligible, 12 per cent of children under the age of five years exhibit symptoms of stunting and 25 per cent suffer from anaemia. There are also significant levels of vitamin D and iodine deficiency. Since 1997, all locally produced salt is iodized, but a 1998 survey found that 30 per cent of households were consuming non-iodized imported salt. Breastfeeding rates have improved significantly, but still only 21 per cent of mothers breastfeed exclusively at four months.

5. Children in need of special protection include approximately 7,500 children in public care who are often vulnerable to inferior education and inadequate care. Admission to an institution is a recourse used by poor families to care for their children. Approximately 2,000 children with disabilities reside in institutions and 75 per cent of children with disabilities live in poverty. An estimated 1,000 children are working in the street, and more children are frequently absent from school to help earn money for their families.

6. Primary and secondary school enrolment is estimated to be 95 per cent. By 1997, enrolment in pre-schools had dropped to 20-25 per cent from 40 per cent in 1992. The curriculum is widely considered to be of poor quality and of little relevance to the transition situation. There are also an increasing number of children who drop out before completing the eight years of compulsory education. Chronic under-funding, low teacher salaries, severe shortages of educational materials, inadequate training of teachers and physical deterioration of schools further exacerbate the situation.

Lessons learned from past cooperation

7. Armenia ratified the Convention on the Rights of the Child in 1992 and the Convention on the Elimination of all Forms of Discrimination against Women in 1993. The legislative framework for implementation of both Conventions is largely in place. However, the obligations of the State, communities and families to ensure the realization of those rights are not widely understood.

8. The current programme evolved from an emergency programme. Direct service delivery has been combined with training on the Convention on the Rights of the Child, advocacy and capacity-building activities. Alliances built with media, United Nations agencies and non-governmental organizations (NGOs) have provided a strong foundation for mobilizing resources and maximizing programme impact. Collaboration with the World Bank, United Nations agencies and donors resulted in the successful launch of a textbook rental system to provide students with textbooks at an affordable price. Similar collaboration between the World Bank, the United Nations Development Programme and UNICEF has resulted in a nation-wide training programme for school directors to enhance their ability to meet the challenges of decentralization.

9. While progress was made in improving the quality of health care, fewer results were achieved in increasing skills and sound child-care practices at the family level. A more integrated programmatic approach focusing on priority behaviours to be promoted at home, and in the community, health facilities and educational institutions needs to be adopted.

Proposed country programme strategy

10. The overall goal of the programme of cooperation will be to assist the Government, local authorities, communities and families to fulfil their responsibilities to children and women and to develop sustainable health and education services.

11. Programme objectives have been established through consultation with the Government and other partners, and include: the reduction of IMR and U5MR by 20 per cent each and MMR by 50 per cent; the elimination of iodine deficiency and the reduction of other micronutrient deficiencies; improvement in the quality and relevance of pre-school and basic education; the prevention of disabilities and the rehabilitation of children with disabilities; and the development of alternatives to the institutionalization of children in public care. Country programme implementation and intercountry information and experience exchange will be facilitated through the framework of the UNICEF Caucasus area management structure.

12. Within the rights-based approach, the programme strategy will aim at the empowerment of families and communities through providing information on better care of children and promoting the participation of women and children in decisions affecting their lives. UNICEF will advocate for legislation and national institutions to support fulfilment of the obligations of the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women. To build the capacity of local and national authorities, UNICEF will support training, technical

assistance and systems development. Provision will be made to meet the basic needs of disadvantaged children and women, to support implementation of projects and to assist the Government in responding to emergencies.

13. In **health and nutrition**, UNICEF will support national efforts to sustain immunization, promote breast-feeding, combat micronutrient deficiencies and improve household care practices. Health services will be strengthened through the Integrated Management of Childhood Illnesses and early screening for childhood disabilities. To improve women's health, UNICEF will assist the Government to strengthen the quality of prenatal and maternity services. UNICEF will support health promotion activities for adolescents to protect them from early pregnancy, sexually transmitted diseases and HIV/AIDS, tobacco and drug abuse. UNICEF will support reform of the national health system, with an emphasis on sustainability and cost-effectiveness of services, preventive and primary health care, community involvement and access for the most vulnerable groups.

14. In **education**, technical support will be provided to improve the quality and relevance of primary and secondary education through teacher training and the introduction of new methods, including a "life skills" curriculum. The programme also aims to improve parenting. To promote development and the participation of adolescents, UNICEF will promote the participation of children and parents in school governance and will strengthen the capacity of school management teams. To improve the learning environment and ensure access for the most disadvantaged, support will be provided for school-based health, nutrition and water and sanitation interventions.

15. The programme for **children in need of special protection**will support the development of alternatives to institutionalization and protect the rights of children in institutions. UNICEF will support children with disabilities through awareness-raising, promoting inclusive education and supporting community-based services. UNICEF will promote the reintegration of working children in the school and development of community services to meet basic needs.

16. In **advocacy and communication**, UNICEF will advocate for the adoption of legislation and laws that are compatible with the Convention on the Rights of the Child. UNICEF will collaborate with the media to increase dialogue in society about factors that undermine children's and women's health and development. Support will be provided to governmental agencies and NGOs to increase communication skills.

17. In **planning, monitoring and evaluation**, UNICEF will enhance the capacity of the Government and civil society to monitor child rights and to disseminate information on the situation of children and women. Support will be provided for research and studies to influence national social policies. Collaboration on project development, networking, technical support and exchange visits will be promoted within the area and regional framework.

18. UNICEF will continue to collaborate with other United Nations agencies, the World Bank, bilateral and multilateral organizations, NGOs and other partners to maximize the impact of interventions, avoid duplication and support the expansion of basic service coverage through sustainable approaches.

Estimated programme budget

Estimated programme cooperation, 2000-2004 a/

(In thousands of United States dollars)

	General resources	*Supplementary funds*	*Total*
Health and nutrition	910	2 900	3 810
Education	700	1 400	2 100
Children in need of special protection	700	1 400	2 100
Advocacy and communication	500	700	1 200
Planning, monitoring and evaluation	500	600	1 100
Total	3 310	7 000	10 310

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.